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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 16 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31368

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3797

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 hrs. (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 508 Brooklyn 8
(If rural, give location)
(e) Citizen of foreign country? no - (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Myrtle B. Odell
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William R. Odell
6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased 3 (Month) 4 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
75	6	0	hr. min.

9. Birthplace Bloomington (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name No Record
13. Birthplace No Record (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) (State or foreign country) 9
16. (a) Informant Mr. Ralph G. Center
(b) Address 508 Brooklyn
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood
18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Missouri
19. (a) 9-5-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4
year 1947 hour 3 minute 55 P.M.
21. I hereby certify that I attended the deceased from Sept. 3, 1947, to Sept. 4, 1947
that I last saw her alive on Sept. 4, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Subdural hematoma-Monocytic leukemia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 74a	
Of autopsy See above	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) 0
While at work? (e) Means of injury
23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 9-5-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Werner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Robert A. Herrmann

Licensed Embalmer No. 3700

P. O. Address K-C Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.